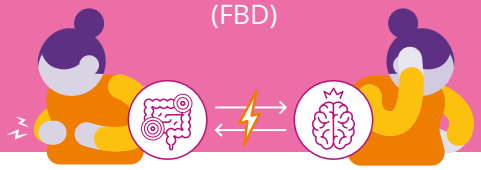
YOUR IBS DIAGNOSIS TICK BOOK

HOW TO DEFINE IBS?

A disorder of gut–brain interaction (DGBI);
also known as functional bowel disorder (FBD)



1 Bloating

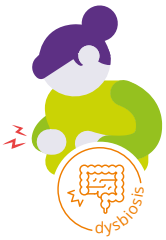
2 Recurrent abdominal pain

3 Altered bowel habit
(freq and/or shape of the stools)

AND

often accompanied **by higher anxiety or depression levels**

its occurrence could be related to **an imbalance** of the **gut microbiota**



Prevalence **4 to 10%**
depending on the geographical region and the criteria used for assessment

List of synonymous disorder names

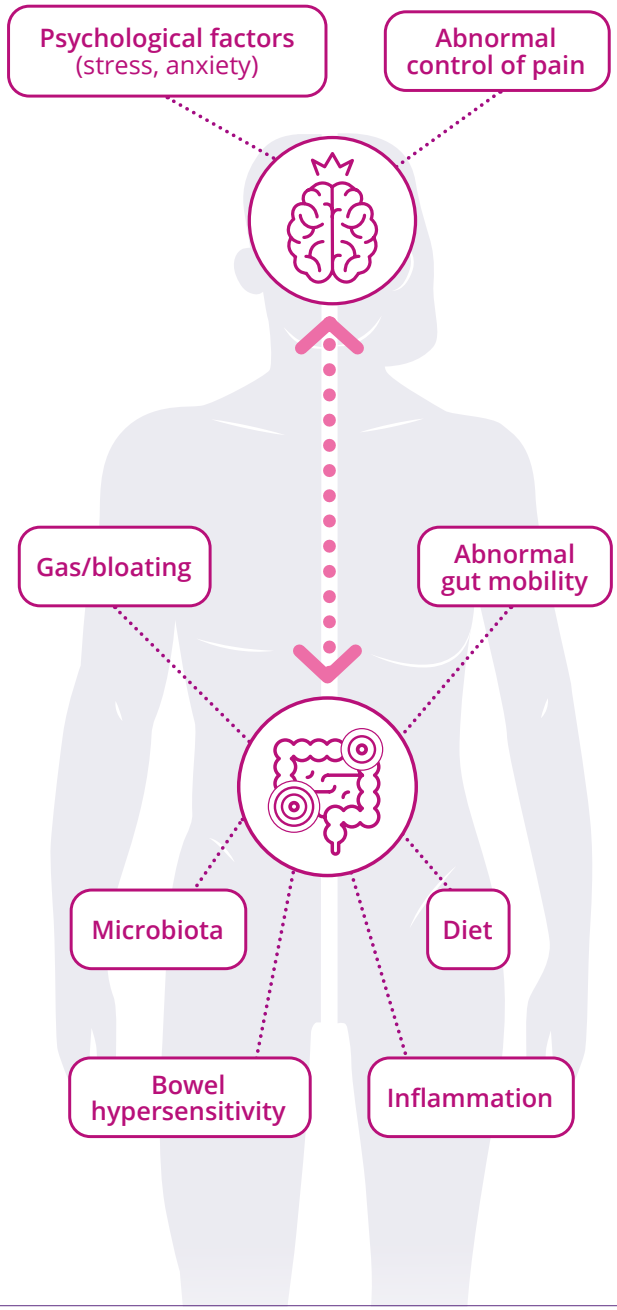
Irritable bowel syndrome

Spastic colon

Mucous colitis

Functional colopathy

WHAT DO WE KNOW ABOUT THE PHYSIOPATHOLOGY?



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HOW TO MAKE A CONFIDENT DIAGNOSIS?

IBS diagnostic criteria

- ☑ Presence of chronic/recurrent abdominal pain **> 1 day / week in the last 3 months**
- ☑ Bloating
- ☑ Change in stool consistency
- ☑ Change in stool frequency

In the absence of alarm or risk factors

SUBTYPE	CHARACTERISTICS
IBS predominance of constipation (IBS-C)	Bristol 1-2 > Bristol 6-7 *constipation > diarrhea*
IBS predominance of diarrhea (IBS-D)	Bristol 6-7 > Bristol 1-2 *diarrhea > constipation*
IBS mixed standard (IBS-M)	Bristol 1-2 & Bristol 6-7 *diarrhea & constipation*

Bristol stool chart

WHAT ARE THE WARNING SIGNS?

Tick book of the alarm symptoms to help HCPs to confirm their diagnostic

- ☑ **Family history** (inflammatory bowel disease, coeliac disease or colorectal cancer)
- ☑ **Weight loss**
- ☑ **Fever**
- ☑ **New symptom** (< 6 months)
- ☑ **Nocturnal symptoms**
- ☑ **Extra-intestinal symptoms** (arthritis, rash, eye inflammation)
- ☑ **Recent use of antibiotics**
- ☑ **Abnormalities on physical examination**

IN CASE OF A YES CAREFUL ADDITIONAL EVALUATION AND REFERRAL AS NEEDED SHOULD BE CONSIDERED

- ☑ **Anemia or blood loss**
- ☑ **Increase in inflammatory markers**
- ☑ **Faecal incontinence**
- ☑ **Abdominal mass**

REFER TO GASTROENTEROLOGIST FOR REVIEW

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WHICH INVESTIGATIONS ARE NEEDED?

Don't over investigate, consider:

TO BE RECOMMENDED
AS ROUTINE TESTS

- Full blood count
- C-reactive protein (CRP) (exclusion of IBD or other inflammatory condition)
- Stool pattern evaluation : frequency and consistency (Bristol)

TO BE CONSIDERED
IN SPECIFIC CASE

- Fecal calprotectin
  In case of diarrhea as a symptom and if reimbursed in your country.
- Serology for celiac disease
  If the pathology is prevalent in your country.
- Thyroid test
  Only in case of majorly altered bowel habit, with other clinical signs, to be reassured.
- Colonoscopy
  Only in selected cases, based on stool pattern sub-type (diarrhea) and result of calprotectin test, age threshold for colorectal cancer screening (usually >50 years), personal and/or familial history.
- Rectal Exam
  Recommended in anyone with blood in the stools ; Males & Females > 40 years with lower GI symptoms.

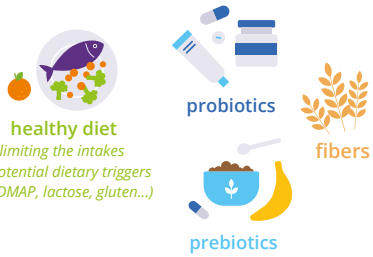
NOT USEFUL
AS ROUTINE TEST

- Iron studies
- Albumin
- Parasitology *(parasite if overseas travel stool MC&S, C. difficile toxin)*
- Bowel cancer screening outside the recommended national guidelines
- CT scan/Ultrasound/MRI
- Gynecological evaluation

WHAT ARE THE GENERAL MANAGEMENT CONCEPTS?

Management focus on 4 general concepts

1 Diet intervention



2 Lifestyle

3 Gut-brain signal management

psychotherapeutic interventions
Cognitive Behavior Therapy (CBT), hypnosis, psychodynamic, relaxation... for long term psychological support

4 Symptomatic medical treatment

Specific drug targeting
- bowel function
- pain
- bloating

Antispasmodics; antidiarreals; laxatives...

HOW OFTEN A FOLLOW UP CARE IS CONDUCTED?

In 6 to 8 weeks, the efficacy of the treatment could be reevaluated

This document was created in collaboration with

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What to say about IBS?

Bloating, recurrent abdominal pain and altered bowel habit characterize this symptom-base disorder named irritable bowel syndrome (IBS).

IBS is a disorder of gut–brain interaction, the two organs don't understand and communicate with each other properly.

IBS is a symptom-based disorder with no tissue damage.

Gastrointestinal symptoms do not come alone, IBS is often accompanied by higher levels of psychological upset such as anxiety, stress and depression.

The brain receives signals from the bowel that are over-interpreted (as signals of harm).

The bowel is processing signals over-sensitively and this affects function.

The function of the bowel is affected by the nervous system.

The bowel sends signals in such a way that they are over-interpreted by the brain.

The brain is receiving or processing signals too sensitively.

The brain is misinterpreting normal signals from the body as signs of disease.

IBS could be related to an unbalanced gut microbiota.

The microbial communities that live in a specific environment of the body is called microbiota.

An unbalanced gut microbiota, a dysbiosis, is a change in the composition and functions of the microorganisms that live in the gut.

Food, bacteria, or substances found in the gut can sometimes cause the gut to malfunction and trigger symptoms.

IBS is a chronic disorder where symptoms can be managed through lifestyle changes, dietary therapy and psychological therapies.

We will meet every 6 to 8 weeks in order to follow up the effectiveness of the treatment/ strategy.

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For more information about the microbiota go to www.biocodexmicrobiotainstitute.com

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